

CITY OF SAVANNAH ADULT BASKETBALL REGISTRATION FORM

Our team, _____, would like to register for the Adult Basketball Program.

SPONSOR: _____

TEAM NAME: _____

MANAGER/COACH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

ASST. COACH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

Adult entry fee is \$380.00

**FOR OFFICE USE ONLY
PAID**

DATE: _____

CK. NO.: _____

CASH: _____

AMOUNT: _____

DIVISION

MEN'S OPEN

MEN'S INDUSTRIAL

Payment Procedure

Please make checks payable to the City of Savannah-Athletics. All personal checks submitted must include account owner(s) driver license number and date of birth. We do not accept checks for less than the amount of entry fee or partial payments. For example, checks will be accepted in the amount of \$380.00. Checks made out in smaller amounts, i.e., six checks of \$60.00 will not be accepted.

I understand that by returning this form, with the registration fee attached or provided before leagues are filled, to the Paulson Softball Complex I will be included in the up-coming Adult Basketball Program. I also understand that administrative requirement; such as completed rosters and waiver/consent forms will be submitted by required deadline.

Signature